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### \*\* CONTINUING DATA \*\*\*\*\*

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY RM2002A000596 11/27/2002

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 6	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				

### ADDRESS

27316

### TITLE

VASCULAR PROSTHESIS FOR THE TREATMENT OF ABDOMINAL AORTIC ANEURYSMS, USING A COMBINED LAPAROSCOPIC/ OPEN AND ENDOVASCULAR TECHNIQUE, AND DELIVERY SYSTEM FOR RELEASING A PROSTHESIS FITTED WITH ANCHORING STENTS

FILING FEE RECEIVED 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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